,	Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									127
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OTHER OR SMALL		THAN ENTITY
TOTAL CLAIMS	34				RATE FEE		1	RATE	FEE
FOR NUMBER FILED			BER EXTRA	BASIC FEE 355.00			ОЯ	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	34 minus 20=	. 14		XS 9	X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS	2		X40=			OR	X80=	16.0	
MULTIPLE DEPENDENT CLAIM PRESENT					+135=		OR	+270=	70.0
* If the difference in column 1 is		TOTAL		OR	TOTAL	1192			
CLAIMS AS A				10	OTHER				
97-210/ (Column 1)	SMA	LL EN	TITY	OR	SMALL				
REMANING AFTER AMENDMENT Total • 67 Independent • 10	HIGH NUM PREVIC PAID	BER	PRESENT EXTRA	RAT	E T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
Total · 67	Minus 3	<u>Y</u>	<i>- 33</i>	X\$ 8	-		OA	X\$18=	594.~
HAST PRESENTATION OF ME	Minus +++ 5	201 4111	-5-	X40⇒			OЯ	X80=	430,-
FIRST PRESENTATION OF MC	+135	.		OR	+270=				
	70			OR	YOTAL	1034			
E 37/05 (Column 1) (Column 2) (Column 3)									
CLAMS REMARKING AFTER AMENDMENT Total Independent Independent	HIGH NUM PREVIO PAID I	BER	PRESENT EXTRA	RATI	TI	IDDI- ONAL FEE		RATE	ADDI- TIONAL FEE
intel · 67	Minus 6	7	-	X\$ 9	. [OR	X\$18=	
Independent - //	Minus /	0	• /	X40	X40=		OR	X80=	
PINST PRESENTATION OF MIL		+135	.		OR	+270=			
				YÖT ADDIT, F			OR,	TOTAL BOOKT, FEE	
Column 1)	(Colum	ın 2}	(Column 3)				•	OUT. FEE	
COAMS REMAINING AFTER AMENDMENT Total Independent Total Total	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	TR	DDI- DNAL		RATE	ADDI- TIONAL FEE
Total •	Minus	7	œ.	X\$ 9=	\top		OR	X\$18=	
Independent •	Minus	0	*	X40=	\top	-1	<u>.</u>	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									
If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.									
"If the "Righest Number Previously Paid For" IN THIS SPACE is tess than 20, arter "20." ADDIT, FEE ADDIT, FEE ADDIT, FEE									
The "Highest Number Previously Peld For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

FORM 970-675 (Rev. 600)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

*U.S. GPO: 2000-440-703-00107

· · · · · · · · · · · · · · · · · · ·						- 09/892922						
						Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD												
Effective October 1, 2000 M3 - 6 56 (15												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL TYPE	L EN		OR	OTHER SMALL		
TOTAL CLAIMS		34					RATE			RATE	FEE	
FOR			NUMBER FILED N		NUMBI	ER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS		J		. 14		X\$ 9=			OR	X\$18=	252	
INDEPENDENT CLAIMS			5 minus 3 = 2				X40=			OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT				+13	+135=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2					TOT	AL		OR	TOTAL	1122		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					OTHER T							
ENT A		CLAIMS REMAINING AFTER AMENDMENT	:	HIGH NUM PREVI	IEST IBER	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	· 34	Minus	* _	34	= /	X\$ 9)=		OR	X\$18=	
AMENDMENT	Independent	• 5	Minus	***	3	= /	X40	-		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	j=		OR	+270=		
		,						TAL		OR	TOTAL	
D-9-04 (Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 34	Minus	••	<i>34</i>	=	X\$ 9)=		OR	X\$18=	
AME	Independent	. 5	Minus	***	<u> </u>	2 /	X40	IF		OR	X80=	
	FIRST PHESE	NTATION OF M	ULTIPLE UEF	ENDEN	CLAIM		+135)=		OR	+270=	
	- 11						ADDIT.	TAL FEE		OR	TOTAL ADDIT, FEE	
2	204	(Column 1)	_		mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST KBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	· 34	Minus	••	34	= /	X\$ 9)=		OR	X\$18=	7
AME	Independent	• 5	Minus	***	5 TCLAIM	* /_	X40	=		OR	X80=	
ـــا	CINOI PRESE	M TO MODITALE	OCHTE DE	CHUCIA	· OCHM	الللنيي				l		

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."

"If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-675 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

+135=

"U.S. GPO: 2000-460-703/30103

+270=

OR TOTAL ADDIT. FEE